

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

09651425

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 44           |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =   |                          |
| INDEPENDENT CLAIMS               | 4 minus 3 =  |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 355.00 | OR BASIC FEE | 770.00 |
| XS 9 =    |        | OR XS18 =    |        |
| X43 =     |        | OR X86 =     |        |
| +145 =    |        | OR +290 =    |        |
| TOTAL     |        | OR TOTAL     |        |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  |   |       | Minus                                       | =                |
| Total  | 44  | Minus | 44  | =                |
| Independent                                    | 4   | Minus | 4   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

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(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  |   |       | Minus                                       | =                |
| Total  | 44  | Minus | 44  | =                |
| Independent                                    | 4   | Minus | 4   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

SMALL ENTITY OR

OTHER THAN  
SMALL ENTITY

|                    |                        |                    |                        |
|--------------------|------------------------|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| XS 9 =             |                        | XS18 =             |                        |
| X43 =              |                        | X86 =              |                        |
| +145 =             |                        | +290 =             |                        |
| TOTAL<br>ADDT. FEE |                        | TOTAL<br>ADDT. FEE |                        |

|                    |                        |                    |                        |
|--------------------|------------------------|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| XS 9 =             |                        | XS18 =             |                        |
| X43 =              |                        | X86 =              |                        |
| +145 =             |                        | +290 =             |                        |
| TOTAL<br>ADDT. FEE |                        | TOTAL<br>ADDT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  |   |       | Minus                                       | =                |
| Total  | *   | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

|                    |                        |                    |                        |
|--------------------|------------------------|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| XS 9 =             |                        | XS18 =             |                        |
| X43 =              |                        | X86 =              |                        |
| +145 =             |                        | +290 =             |                        |
| TOTAL<br>ADDT. FEE |                        | TOTAL<br>ADDT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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